10/109451

PTO/SB/08 (05-03)
Approved for use through 7/31/2008. CMB 0651-0032
U.S. Pisiant and Trademant Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Accidentary a wild Old control number. Accidentary of Docket Number. 10 10 9 451		
CLAIMS AS F(LED - PART I (Column 1) (Column			Aumn 2)	SMALL	ENTITY	O R	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		MUMBE	NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE (37 CFR 1.15(ti))					s	CR		
YOTAL CLAIMS (ST CFR 1.16(g))	entrus 20			X 5 =			×.	
DIDEPENDENT CLAIMS (37 CFR 1.18(b))	etrus 3			***		CR	**	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(0))				1		OR	**	
* If the difference in column 7 is less then zero, enter "O" in column 2.				TOTAL		CR	TOTAL	
CLAIMS AS AMENDED - PART II								
						CR	OTHE	RTHAN
	Column 1)	(Cotumn 2)	(Column 3)	SMALL	NTITY	ur.		ENTITY
	REMAINING AFTER MENOMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total O CONTINUE O CON	10 Minus	-20	•	× 3=		OR	x 4	
C independent of professional contractions	4 Minus	4	•	X 8		CR	x s•	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.18(d))				+2 .		OR	+: .	7
1.21,08				TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	7
101	Column 1)	(Column 2)	(Cotumn 3)					
	CLAIMS EMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADCI- TIONAL FEE		RATE	ADOI- TIONAL FEE
Total or core states	16 Minus	- 0	-12	× 8 •		C IR	X 8=	- 135
independent (37 GFR 1.1500)	4 Minus	- Y	•4/	× 2		CR	x s =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1,1800)				+80		OR	+;=	
10/2//				TOTAL ADO'L FEE		OR	TOTAL ADO'L FEE	
10/16/8								
	CLAINS LEMAINING AFTER MENDMENT	NUMBER NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOL- TIONAL FEE
Total programment	O Minus	-20	• /	x 4 •	/	OR	x 8•	
thospendent or ork 1.1400)	4 Minus	··· <i>i</i> /	•/	× 1 = /		OR	x 5 •	
FIRST PRESENTATIO	+1		OR	+ 1				
TOYAL / ADOL FEE							ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Rejnest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								

This collection of information is required by 37 CFR 1.16. The information is required to other to retain a benefit by the public which is to sie (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form endfor suggestions for reducing this burder, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Paternia, P.O. Box 1450, Alexandria, VA 22313-1450.